

U.S. Department of Education

Staff Analysis
of the Standards for the
Evaluation of Medical Schools Used by

POLAND

Prepared August 2009

Background

At its September 1996 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the accreditation standards used by Poland to evaluate medical schools were not comparable to those used to evaluate programs leading to the M.D. degree in the United States.

In 1997, the Accreditation Committee for Polish Universities of Medical Sciences (ACPUMS) was established by the Conference of Presidents of Polish Medical Schools and began evaluating Polish medical schools. The decisions of ACPUMS are submitted to the Polish Ministry of Health and Social Welfare.

Poland provided the activities of ACPUMS for consideration of their comparability with the accreditation of M.D. programs in the United States. At the October 1997 NCFMEA meeting, it was then determined that the accreditation standards used by the Ministry of Health and Social Welfare to evaluate the medical schools in Poland were comparable to those used to evaluate programs leading to the M.D. degree in the United States. During its fall 2003 meeting, the NCFMEA again found the standards used by Poland to evaluate its medical schools comparable to those used in the United States.

Summary of Findings

Based on the information provided, it appears that the country has an evaluation system that remains substantially comparable to that used to accredit medical schools in the United States.

While Poland has provided significant information regarding the country's quality assurance system standards for medical education, the NCFMEA may wish to seek more information on the following matters:

- **PART 1: Responsible Entity** -- Since the interactions between the statutes (issued by the Ministry of Science and Higher Education) and the related health matters (covered by the Ministry of Health and Social Welfare) likely entail overlapping responsibilities, the NCFMEA may wish to inquire further as to how the two distinct Ministries cooperate in practice.

- **PART 2 - Sec 3a: Administration** -- Evidence that the ACPUMS' process consistently evaluates the adequacy and efficiency of each medical school's administration should be examined.
- **PART 2 - Sec 3c: Administration** -- The medical school faculty, the minister concerned with health matters, and ACPUMS appear to have no input regarding the admission process for medical students.
- **PART 2 - Sec 5d: Medical Students** – It is unclear whether complaint procedures relating to the areas covered by the accreditation standards must be published, and whether contact information is provided for processing complaints that cannot be resolved at the school level.
- **PART 2 - Sec 6b: Resources for the Educational Program** -- It is unclear who has responsibility for examining and ensuring that the physical facilities continue to be adequate throughout the accreditation period.
- **PART 2 - Sec 6c: Resources for the Educational Program** -- It appears that ACPUMS makes no judgment regarding the adequacy and effectiveness of medical school faculty. With regard to faculty conflicts of interest, ACPUMS does not require medical schools to address these matters.
- **PART 3 – 1: Site Visit** -- It appears that ACPUMS does not specifically visit previously un-examined core clinical clerkship sites within 12 months of the accreditation review. As well, ACPUMS does not specifically re-visit (within the current period of accreditation) those sites that were visited under a previous accreditation cycle.
- **PART 3 – 3: Re-evaluation and Monitoring** -- As was previously noted, ACPUMS does not specifically consider student complaints.
- **PART 3 – 4: Substantive Change** – It remains unclear why ACPUMS' written policies cannot clearly indicate ACPUMS' requirements regarding substantive change notifications.

Staff Analysis

PART 1: Entity Responsible for the Accreditation/Approval of Medical Schools

There should be a clearly designated body responsible for evaluating the quality of medical education in your country, and that body should have clear authority to accredit/approve/deny the operation of medical schools in your country that offer educational programs leading to the M.D. (or equivalent) degree.

The country's State Accreditation Committee (SAC) assesses the quality of education in all institutions (both public and private) in Poland. According to the submission, SAC offers an opinion to the Ministry of Science and Higher Education (MoSHE), where the final decision to grant, suspend, terminate or withdraw

authorization/licensure for the management of higher education institutions is made. (During the last review in 2003, MoSHE was known as the Ministry of National Education and Sports, or MoNES. In 2004, MoNES published the still-current medical education standards [cf. Annex 6].)

The second entity that evaluates medical education in Poland is the Accreditation Committee for Polish University Medical Schools (ACPUMS). ACPUMS operates independent of State authority; however, its decisions are adhered to by the Ministry of Health and Social Welfare. The submission describes the interaction as “the medical school applying for accreditation of the ACPUMS must have had a previous authorization of the SAC.”

The chart provided in the submission (p. 10) indicates that ACPUMS specifically focuses on the accreditation and assessment of the medical fields, while SAC ensures that the legal requirements for running a degree program are met before the necessary licenses to operate are issued. Nonetheless, the submission clearly stated that SAC is the only entity in Poland with the authority to close a medical school. Furthermore, SAC is responsible for ensuring that those legal requirements continue to be met throughout the period of operation.

To summarize, SAC is the only entity in the country with the authority to close a medical school under its sponsor, which is the Ministry of Science and Higher Education (MoSHE). Furthermore, the currently-used medical education standards were published by MoSHE’s predecessor, and not by the Ministry of Health and Social Welfare. ACPUMS, which is a nongovernmental entity, continues to cooperate with the Ministry of Health and Social Welfare.

The Department staff’s draft report noted that “Although the activities of MoSHE (through SAC) are described more in terms of initial licensure, it is unclear how the two government ministries, and their respective accreditation committees, differentiate their various functions throughout a medical school’s accreditation period.” In its August 20 response to the draft report, ACPUMS indicated that it functions like a specialized accrediting agency in the United States, i.e., in a voluntary, peer-conducted, non-governmental role whose decisions are respected by the government. Nevertheless, unlike in the United States, the response affirmed that “there are two Ministries involved in the process of accreditation of medical schools in Poland.” One minister supervises higher education institutions with respect to their compliance with the “law and statutes,” and the other minister is responsible for “health matters.”

Since the interactions between the statutes (issued by the Ministry of Science and Higher Education) and the related health matters (covered by the Ministry of Health and Social Welfare) likely entail overlapping responsibilities, the NCFMEA may wish to inquire further as to how the two distinct Ministries cooperate in practice.

Documentation:

ACPUMS Report Final 2009

Annex 6 – Ordinance of the Minister of National Education and Sports

August 20, 2009 – ACPUMS response to the draft staff report

PART 2: Accreditation/Approval Standards

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have standards comparable to the following areas:

1. Mission and Objectives

(a) The educational mission of the medical school must serve the general public interest, and its educational objectives must support the mission. The medical school's educational program must be appropriate in light of the mission and objectives of the school.

(b) An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning.

ACPUMS requires medical schools to describe their educational mission and to ensure that it takes into account the needs of the community or region in which the medical school is located. In addition, medical schools are required to develop objectives that outline the expected competencies that graduates must attain to enter the field of medicine, and they are required to make students aware of both the established mission and objectives.

Documentation:

ACPUMS Report Final 2009

2. Governance

(a) The medical school must be legally authorized to provide a program of medical education in the country in which it is located.

(b) There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the school's administration. This external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.

SAC (under the Ministry of Higher Education) is responsible for the legal authorization of medical education programs offered in universities. SAC ensures that the medical programs abide by the statutes and SAC has the power to sanction the medical programs if they are found to be in noncompliance with the law. The membership of SAC includes medical personnel nominated by the Conference of Rectors of Polish University Medical Schools. The submission notes that the Ministry of Health and

Social Welfare (to which ACPUMS reports) also has supervisory powers with regard to medical schools.

Documentation:

ACPUMS Report Final 2009

3. Administration

(a) The administration of the medical school must be effective and appropriate in light of the school's mission and objectives.

(i) There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health facility relationships, business and planning, and the other administrative functions that the medical school performs.

(ii) The chief academic officer of the medical school must have sufficient authority provided by the institution to administer the educational program. That individual must also have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the chief academic officer's office.

(iii) In affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their responsibility for the instruction of students.

The submission notes that a vice-rector for teaching activities and student affairs is responsible for administering the medical education program. The vice-rector is an active member of the medical school's senate and has substantial impact on admissions and degree requirements. In addition, medical school department heads are members of the faculty council, which gathers every four weeks to discuss all issues related to students, curriculum, clinical activities and the promotion of teaching staff. The faculty council is responsible for settling problems concerning teaching activities.

The Department staff's draft report noted that "Other than the vice-rector and department heads, the submission did not elaborate on the sufficiency or duties of other administrative personnel." In its August 20 response to the draft report, ACPUMS provided a detailed outline of the administrative structure for one of the medical schools. Although the outline was impressive, evidence that the ACPUMS' process consistently evaluates the adequacy and efficiency of each medical school's administration should be examined. The NCFMEA may wish to inquire further.

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ACPUMS Report Final 2009

August 20, 2009 – ACPUMS response to the draft staff report

(b) The chief academic official of the medical school must be qualified by education and experience to provide leadership in medical education.

The chancellor is the chief academic official in each university and must have at least eight years of professional experience in higher education, including four years in a managerial position. The chancellor of a medical school can have additional requirements placed upon their selection. The submission noted that the Medical University of Warsaw required their candidates for chancellor to have at least 15 years of professional experience, knowledge of English and of international funding programs, among others.

Documentation:

ACPUMS Report Final 2009

(c) The medical school may determine the administrative structure that best suits its mission and objectives, but that structure must ensure that the faculty is appropriately involved in decisions related to—

- (i) Admissions,**
- (ii) Hiring, retention, promotion, and discipline of faculty; and**
- (iii) All phases of the curriculum, including the clinical education portion;**

The submission indicated that some members of the faculty actively participate on the faculty council. Generally, each faculty council does have the authority to adopt study plans and curricula for the educational programs. In addition, the faculty councils express opinions on the hiring and promotion of teaching staff and department heads.

The Department staff's draft report noted that "it appears that the faculty has no official input regarding the admission of students." In its August 20 response to the draft report, ACPUMS indicated that admissions are based strictly on success on the secondary-school leaving examination. Additional entrance exams are permitted only upon the consent of the minister responsible for higher education. The medical school faculty, the minister concerned with health matters, and ACPUMS appear to have no input regarding the admission process for medical students. The NCFMEA may wish to inquire further.

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August 20, 2009 – ACPUMS response to the draft staff report

(d) If some components of the educational program are conducted at sites that are geographically separated from the main campus of the medical school, the school must have appropriate mechanisms in place to ensure that—

(i) The educational experiences at all geographically separated sites are comparable in quality to those at the main campus; and

(ii) There is consistency in student evaluations at all sites.

The submission stated that although it is permitted by existing law to establish branches, none of the medical universities in Poland have a geographically separated site.

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ACPUMS Report Final 2009

4. Educational Program

(a) Duration: The program of education leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction, scheduled over a minimum of four calendar years.

The submission notes that the medical program will be at least six years (12 terms) in length and not less than 5700 hours of instruction. The 5700 hours are broken down into the following categories: 4250 hours covering standard subject matter; 700 hours of practical training; and 750 hours “at the disposal of a university.”

In addition, Poland is a member of the European Union (EU), and as such, is expected to fulfill the European Community requirements for a medical program (cf. Annex 5).

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Annex 5 – Copy of web page information indicating Poland is an EU Member State

(b) Curricular Content: The medical school’s curriculum must provide students with general professional education, i.e., the knowledge and skills necessary to become a qualified physician. At a minimum, the curriculum must provide education in the following:

(i) The sciences basic to medicine, including--

(A) Contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine; and

(B) Laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.

The submission notes that the basic science component of the medical program leading to the M.D. degree consists of a total of 830 academic hours in the following disciplines: 1) Anatomy; 2) Histology with cytophysiology and embryology; 3) Medical biology; 4) Biophysics; 5) Chemistry; 6) Biochemistry; and 7) Physiology. The submission noted that more detail can be found in the August 2004 “Ordinance of the Minister of National Education and Sports” (Annex 6.)

According to the submission, although the laboratory portion is required to be at least half of the basic sciences curriculum, in most of the medical schools it nonetheless constitutes two thirds of the basic sciences curriculum.

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Annex 6 – Ordinance of the Minister of National Education and Sports

(ii) A variety of clinical subjects, including at least the core subjects of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry and, preferably, family medicine.

Note 1: Medical schools that do not require clinical experience in one or another of the above disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.

Note 2: Clinical instruction must cover all organ systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care.

Note 3: The medical school’s program of clinical instruction must be designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine.

Note 4: Instruction and experience in patient care must be provided in both ambulatory and hospital settings.

Note 5: Each required clinical clerkship (or equivalent) must allow the student to undertake thorough study of selected patients having the major and common types of disease problems represented in the clerkship.

The country requires that the clinical sciences component totals 2,385 hours and consists of the following subjects: internal diseases, pediatrics, surgery, gynecology and obstetrics, neurology and neurosurgery, otolaryngology, ophthalmology, dermatology and venereology, psychiatry, infectious diseases, orthopedics and traumatology, radiology, anesthesiology and intensive therapy, preliminary instruction on dentistry, oncology, forensic medicine with elements of law, family medicine,

rehabilitation, nuclear medicine, and first aid medicine with elements of “medicine of disaster.”

The submission notes that at least half of the classes have a practical character and must be provided in both ambulatory and hospital settings. Furthermore, the submission stressed that in the course of six academic years all medical students undergo 700 hours of practical vocational training divided into the following sections:

- a) practical nursing training - 140 hours - after the first year of study;
- b) practical training in outpatient health services - 140 hours - after the second year of study;
- c) practical training in the field of internal medicine - 140 hours - after the third year of study;
- d) practical training in emergency medical aid - 70 hours - after the fourth year of study;
- e) practical training in general surgery - 70 hours - after the fourth year of study;
- f) practical training in pediatrics -70 hours - after the fifth year of study;
- g) practical training in gynecology and obstetrics - 70 hours - after the fifth year of study.

The Department staff’s draft report noted that “the submission did not elaborate on whether students see enough patients having the major and common types of diseases represented in each clerkship, as appropriate.” In its August 20 response to the draft report, ACPUMS indicated that the volume of teaching hospitals in Poland is huge, and that in Warsaw alone, 40 per cent of the total hospital care is provided by teaching hospitals. With 3,300 beds and over 100,000 patients per year in teaching hospitals, the experience by students is deemed sufficient by the authorities.

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(iii) Disciplines that support the fundamental clinical subjects, such as diagnostic imaging and clinical pathology.

The submission notes that the preclinical subjects (725 academic hours) are as follows: Pathomorphology; Pathophysiology; Microbiology; Immunology; Clinical Genetics; Pharmacology and Toxicology; Hygiene and Epidemiology; Laboratory Diagnostics; and Public Health.

In addition, the supportive general subjects (310 academic hours) include the following: IT rudiments; humanities; first aid and elements of nursing; foreign languages; and physical training.

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Annex 6 – Ordinance of the Minister of National Education and Sports

(iv) Ethical, behavioral, and socioeconomic subjects pertinent to medicine.

Sixty-five academic hours are devoted to humanities, such as ethics in medicine; medical psychology; the history of medicine; and the sociology of medicine, including the dysfunctionality of medical institutions.

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(v) Communications skills integral to the education and effective function of physicians, including communication with patients, families, colleagues, and other health professionals.

Communications skills are included under the required coursework on medical psychology. The submission notes that this coursework includes modules such as establishing contacts with patients, diagnosing psychological disorders, and methods of interviewing patients. In addition, there are special workshops offered to students (to attend voluntarily) that focus on the psychological aspects of the medical profession.

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Annex 6 – Ordinance of the Minister of National Education and Sports

(c) Design, Implementation, and Evaluation:

(i) There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education.

(ii) The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance; the licensure of graduates, particularly in relation to any national norms; and any other measures that are appropriate and valid in light of the school's mission and objectives.

The petition notes that, as an EU member, Poland not only has its own standards regarding these matters, but those from the EU as well. The submission notes that both EU and Polish directives define strict rules for curriculum design, implementation and evaluation. In addition, they precisely describe the content of each subject, as well as the minimum workload expected. After a medical school has met all these requirements it is allowed to include additional curricular areas, such as clinical transplantology.

Regarding the evaluation of student achievement and program effectiveness, these matters are approached on two levels. On the national level, there is a Medical Section of the Major Council for Higher Education that compares information from all the medical schools regarding the implementation of curriculum. This information is compared with the results of the National Medical/Dental Exam. If changes in curriculum are indicated by the results of this test, then there is another process conducted, after which they become legally binding on all the medical schools.

On the local level each medical school evaluates the teaching program through its own faculty council and through the recommendations of the Senate Commission for Teaching. The Senate Commission is described as having the duty of analyzing the current legal and market requirements and making recommendations to the faculty council. The faculty council is the body responsible for adopting any necessary changes.

The Department staff's draft report noted that it was "unclear if there is one Senate Commission for all medical schools to follow and it is unclear how much autonomy a local faculty council has if it finds itself in disagreement with the recommendations of the Senate Commission." In its August 20 response to the draft report, ACPUMS indicated that each school has its own Senate and each Senate has its own Commission for Teaching, which is an advisory body.

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ACPUMS Report Final 2009

Annex 6 – Ordinance of the Minister of National Education and Sports

August 20, 2009 – ACPUMS response to the draft staff report

5. Medical Students

(a) Admissions, Recruiting, and Publications

(i) The medical school must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics that are generally perceived as necessary to become effective physicians.

(ii) A medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program. Its catalog (or equivalent

document) must provide an accurate description of the school, its educational program, its admissions requirements for students (both new and transfer), the criteria it uses to determine that a student is making satisfactory academic progress in the medical program, and its requirements for the award of the M.D. degree (or equivalent).

(iii) Unless prohibited by law, student records must be available for review by the student and an opportunity provided to challenge their accuracy. Applicable law must govern the confidentiality of student records.

The submission notes that requirements for admission to medical universities are established on the national level; however, they can be modified by individual schools. There are matriculation exams with questions from biology, chemistry and physics. Students are ranked by their performance on the test questions.

Regarding student records, there is a national “Act on the Personal Protection of Data” that all medical schools must follow. Records are exclusively restricted to the student and to the dean of the faculty. The submission noted that only the list of newly enrolled students is open, transparent and published on the website of the individual medical universities. However, those who were not admitted are not disclosed publicly.

The Department staff’s draft report noted that “according to the submission, there are no published regulations regarding the content of medical school advertising, publications and recruitment materials.” In its August 20 response to the draft report, ACPUMS confirmed that these matters are not regulated. However, the response also indicated that the medical schools all publish the same basic materials and that collective directories are available. Department staff notes that the relative uniformity of the information provided would facilitate comparisons and would tend to make unusual or misleading claims all the more apparent and therefore subject to scrutiny.

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August 20, 2009 – ACPUMS response to the draft staff report

(b) Evaluation of Student Achievement

(i) The medical school faculty must establish principles and methods for the evaluation of student achievement, including the criteria for satisfactory academic progress and the requirements for graduation.

(ii) The medical school’s evaluation of student achievement must employ a variety of measures of student knowledge, competence, and performance, systematically and sequentially applied throughout the medical program, including the clinical clerkships.

(iii) The medical school must carefully monitor the progress of students throughout their educational program, including each course and clinical clerkship, must promote only those who make satisfactory academic progress, and must graduate only those students who successfully complete the program.

Student achievement is evaluated throughout the educational period by a series of 28 exams that each student is required to pass. The exams have two parts that are standardized, one part focusing on theoretical knowledge and the other part focusing on practical skills. The submission notes that students who do exceptionally well on the tests, or have outstanding achievements in scientific research, may obtain financial assistance. In addition, each medical school issues a form of evaluative transcript called a “supplement” that includes specific information on the student’s examination results, teaching program, voluntary activities and participation in sports.

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ACPUMS Report Final 2009

(c) Student Services

Students must have access to preventive and therapeutic health services, including confidential mental health counseling. Policies must include education, prevention, and management of exposure to infectious diseases during the course of the educational program.

ACPUMS expects medical universities to have a student health system in place that provides routine medical examinations, vaccinations and confidential mental health counseling.

Furthermore, each medical university is obligated to develop a strategy of procedures for protecting students from common risk factors, such as infectious diseases and radiation. The strategy is expected to include education that all newly-enrolled students have to take with reference to prevention and treatment methods. In addition, every foreign student studying in Poland can opt to be covered by the public health insurance plan for a fee, or to personally pay for the services of hospitals or private clinics.

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(d) Student Complaints

The medical school must have written policies for addressing student complaints related to the areas covered by the agency’s accreditation standards and processes. The student consumer information provided by the medical school to students must include the school’s policies for addressing student

complaints as well as the name and contact information for the accrediting/approval entity to which students can submit complaints not resolved at the institutional level.

The submission notes that the easiest way to submit a complaint is to address an official letter to the dean of the faculty. Other than that, the submission states that there are three bodies to which students may address their complaints. The three bodies are the Pedagogic Council for complaints related to the teaching program; the Faculty Council for complaints related to the teaching program or to any other administrative issue; and the University Council for “serious complaints.”

The Department staff’s draft report noted that “since ACPUMS does not consider student complaints, it is unclear what procedures may be published, and whether or not students are informed as to the best option to take for their particular type of complaint.” In its August 20 response to the draft report, ACPUMS indicated that there are four official ways of submitting complaints. The official means for processing complaints is to submit the complaint in writing to the medical school dean, or to the rector, or to the Ministry of Health, or to the highest court. Nonetheless, it is unclear whether complaint procedures relating to the areas covered by the accreditation standards must be published, and whether contact information is provided for processing complaints that cannot be resolved at the school level. The NCFMEA may wish to pursue this further.

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6. Resources for the Educational Program

(a) Finances:

The medical school must have adequate financial resources for the size and scope of its educational program.

(b) Facilities:

(i) The medical school must have, or be assured use of, physical facilities and equipment, including clinical teaching facilities, that are quantitatively and qualitatively adequate for the size and scope of the educational program, as well as the size of the student body.

(ii) The medical school should be encouraged to conduct biomedical research and must provide facilities for the humane care of animals when animals are used in teaching and research.

All medical schools are financed by the State government in the form of subsidies allocated to individual schools, as appropriate, for teaching activities and maintenance, financial support for students and for specific construction projects. In addition, some funds are raised through tuition. The submission also noted that each medical school has at least one teaching hospital, and that they are financially supported through the National Health Fund.

The Department staff's draft report noted that "the submission did not touch on the adequacy of physical facilities, or to the humane treatment of animals." In its August 20 response to the draft report, ACPUMS indicated the humane treatment of animals is fully regulated by national law. However, due to financial constraints, medical schools use computer programs, and not live animals, for teaching students.

Regarding adequate physical facilities, the August 20 response indicated this evaluation aspect was addressed in a non-specific way by a 1998 resolution of the Conference of Rectors of Polish Universities. In addition, the response indicated that adequate physical facilities are under the purview of the State Accreditation Committee, which thoroughly examines the facilities before the original license is granted. However, it is unclear who has responsibility for examining and ensuring that the physical facilities continue to be adequate throughout the accreditation period. The NCFMEA may wish to pursue this further.

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(c) Faculty:

(i) Members of the medical school's faculty must be appropriately qualified to teach in a medical program leading to the M.D. (or equivalent) degree and effective in their teaching. The faculty must be of sufficient size, breadth, and depth to provide the scope of the educational program offered.

(ii) The medical school should have policies that deal with circumstances in which the private interests of its faculty or staff may conflict with their official responsibilities.

In responding to how Poland ensures the adequacy of faculty with regard to size, breadth and depth, the submission alluded to Article 7 of an official MoSHE Decree dated July 26, 2006. That document lists the requirements on higher education institutions with regard to minimums in faculties of medicine, medicine and dentistry, pharmacy, and medical analysis. There must be at least six academic teachers with the scientific title of professor or habilitated doctor, and eight academic teachers with the scientific title of medical doctor. In order to be appointed to the faculty council it is required to have a title of habilitated doctor. In addition, the ratio between the

academic teachers to the students must not be greater than 1:40. It appears that ACPUMS itself makes no judgment as to whether the school has adequate and effective faculty.

With regard to conflicts of interest for faculty, the Department staff's draft report noted that according to the submission "there are no related ACPUMS requirements for medical schools, or any legislative requirements dealing with these issues. There is, however, a Disciplinary Commission for Academic Teachers that might consider conflicts of interest."

In its August 20 response to the draft report, ACPUMS indicated that there is one related national rule that stipulates "Academic staff may be employed at any one time in only one institution as the place of their primary employment." Although this may rule out some faculty conflicts of interest, the medical school itself is not required by ACPUMS to have conflict of interest policies. The NCFMEA may wish to further pursue these matters regarding adequate and effective faculty, and medical school policies on conflicts of interest.

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(d) Library

The medical school must have a library sufficient in size, breadth, and depth to support the educational program and adequately and professionally staffed.

(e) Clinical Teaching Facilities

The medical school should have affiliation agreements with each teaching hospital or clinical facility it uses that define the responsibilities of each party.

The submission notes that the "Law on Higher Education" only requires that a higher education institution have a library and an information system based on the library. ACPUMS expects that faculty and students have access to a library with up-to-date literature from the disciplines taught and electronic media. In addition, ACPUMS specifies that the library be accessible during the students' free time.

The submission notes that some medical school rectors negotiate affiliation agreements with hospitals that do not belong to the school, such as community hospitals. However, affiliation agreements are not required between the teaching hospital and its related medical school. In those instances, the teaching hospitals are under the Ministry of Health and governed by the 1991 National Law on Medical Establishments. That law covers basic requirements related to sanitary conditions, professional staff, organization, administration and quality. In addition, as an EU Member, other regulations are enforced including the appropriate number of beds and

the number of medical staff per patient. The submission notes that clinical teaching hospitals are consequently regularly visited by ACPUMS, the medical school rectors and the Ministry of Health.

Documentation:

ACPUMS Report Final 2009

PART 3: Accreditation/Approval Processes and Procedures

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have processes and procedures for granting accreditation/approval to medical schools that are comparable to the following:

1. Site Visit

The accreditation/approval process must include a thorough comprehensive on-site review of the school to include all of the training sites (if any), during which sufficient information is collected to determine if the school is in fact operating in compliance with the accreditation/approval standards. This review includes, among other things, an analysis of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students (including the training facilities), and the academic support resources available to students.

The accreditation/approval process must include an on-site review of all core clinical clerkship sites.

(a) At sites that have never been visited by an accreditor (whose standards have been determined to be comparable), the accreditor must conduct an on-site review within 12 months of the accreditation review of the school.

(b) At sites that have been reviewed previously and approved by an accreditor whose standards are comparable, the accreditor must conduct an on-site review at least once during the accredited period.

(c) At new sites (sites opened during the accredited period and that have never been visited previously), the accreditor must conduct an on-site review within 12 months of the placement of students at those sites.

NOTE: If an accrediting body is accrediting multiple schools that use a common core clinical clerkship site, where that site has a single coordinator responsible for the educational experience of students from the multiple schools, and where the accrediting body, whenever it visits that site, interviews students from all schools, then that site does not need to be visited more than once during the accredited period.

ACPUMS does conduct on-site visits to each of the medical universities concerning the implementation of the ACPUMS Standards (cf. Annex 7). The process requires each university to complete a comprehensive self-assessment questionnaire describing the university and faculty; management and administration; program of teaching; organization of didactic process and its assessment; employees and didactic entities of the faculty; post-graduate education; library; students; and clinical teaching hospitals (cf. Annex 8).

Once the questionnaire has been received an analysis is conducted off-site by a team composed of ACPUMS members. The analysis is then shared with the entire ACPUMS membership. An on-site team of four-five ACPUMS members is then established. The team visits the school for three-four days and reviews all aspects of the questionnaire. The submission notes that the on-site visit encompasses not only the main campus of the medical school, including the lecture halls, laboratories and libraries, but also the clinical teaching hospitals and other teaching facilities, such as the basic sciences departments. The team visit responsibilities are described in an ACPUMS publication (cf. Annex 9).

The medical school rector and deans are expeditiously given the team's initial comments, and a final report is sent to the school within 90 days. The school has 30 days in which to respond to the final report before it goes to ACPUMS for the final decision on accreditation (cf. Annex 10). The final decision can be one of the following: unconditional accreditation for a period of five years; conditional accreditation for a period of three years; or accreditation denied (cf. Annex 11).

The Department staff's draft report noted "although it appears that all core clinical clerkship sites are visited regularly by various entities under the previously mentioned National Law on Medical Establishments, it was unclear to Department staff whether they are all visited during the ACPUMS accreditation visit." In its August 20 response to the draft report, ACPUMS indicated that 10 to 12 randomly selected departments and clinics are visited during the ACPUMS on-site visit. ACPUMS noted that since some schools may have as many as 140 "units" it is not possible to visit all clinical sites during one accreditation visit.

Consequently, it appears that ACPUMS does not specifically visit previously un-examined core clinical clerkship sites within 12 months of the accreditation review. As well, ACPUMS does not specifically re-visit (within the current period of accreditation) those sites that were visited under a previous accreditation cycle. The NCFMEA may wish to pursue this matter further.

Documentation:

ACPUMS Report Final 2009

Annex 7 – ACPUMS Standards of Under-Graduate Education at the Medical Faculty

Annex 8 – ACPUMS Self-Assessment Questionnaire

Annex 9 – ACPUMS Regulations on Inspections of the Accreditation Team

Annex 10 – Work Regulations of the ACPUMS

Annex 11 – Statutes of the ACPUMS

2. Qualifications of Evaluators, Decision-makers, Policy-makers

The accreditation/approval process must use competent and knowledgeable individuals, who are qualified by experience and training in the basic or clinical sciences, for on-site evaluations of medical schools, policy-making, and decision-making.

The submission notes that the full members of ACPUMS (excluding the student member) are academic teachers with scientific titles, or at least the Ph.D. degree. Those representing their university medical schools were nominated for ACPUMS membership by their respective rectors. According to the submission, the academic teachers who are nominated to ACPUMS possess considerable experience in teaching and didactic organization. Periodic reports previously submitted to the NCFMEA verified that the ACPUMS teams are regularly composed of competent and knowledgeable individuals in the field of medicine and the basic sciences.

Documentation:

ACPUMS Report Final 2009

3. Re-evaluation and Monitoring

The accreditation/approval process must demonstrate the regular re-evaluation of medical schools in order to verify that they continue to comply with the approval standards. The entity must also provide for the monitoring of medical schools throughout any period of accreditation/approval granted to verify their continued compliance with the standards.

The accreditation/approval process must demonstrate that the accrediting/approval entity reviews complaints it receives from students and, as appropriate, investigates and takes follow-up action. The complaint review process must demonstrate that it ensures the timely, fair, and equitable handling of all complaints related to the standards and procedures for accreditation/approval. The procedures also must demonstrate that follow-up action, including enforcement action, is appropriate based on the results of the investigation. In addition, the accreditation/approval entity must consider the complaints it has received regarding a medical school when re-evaluating the medical school for accreditation.

The country monitors the medical schools by requesting that they provide an update on their efforts to address the recommendations made after the last full accreditation visit. These reports are submitted during the mid-term of the three-year or five-year accreditation period that the medical school was granted. Based on the response received, ACPUMS will determine whether another site visit is warranted.

As was previously noted under Part 2 - Section 5d on medical students, ACPUMS does not specifically consider student complaints. (The ACPUMS' August 20 response to the Department staff's draft report also referred the reader back to Section 5d.) The NCFMEA may wish to pursue this matter further.

Documentation:

ACPUMS Report Final 2009

August 20, 2009 – ACPUMS response to the draft staff report

4. Substantive Change

The accreditation/approval process must require medical schools to notify the appropriate authority of any substantive change to their educational program, student body, or resources and must provide for a review of the substantive change by the appropriate authority to determine if the school remains in compliance with the standards.

The submission puts the responsibility on school rectors to submit substantive changes to the Minister of Higher Education under Article 11 of the "Law on Higher Education" (cf. Annex 3). Failure to comply with those provisions causes the Minister of Higher Education to suspend the organizational unit's authorization to continue providing degree programs.

The Department staff's draft report noted that "under its response to the previous section on monitoring, the submission noted that accredited medical schools are obliged to inform ACPUMS in writing about any substantial changes, and that those reported changes are subject to further discussion during a plenary meeting of ACPUMS (Report, p.34). However, Department staff could not locate a requirement for ACPUMS to review substantive changes to ensure that they would not affect a school's continued compliance with the standards."

In its August 20 response to the draft report, ACPUMS agreed that it is not clearly indicated in the ACPUMS statutes that schools are expected to submit substantive changes. In addition, the response focused on the need for schools to submit any changes made since their last review, but only when they are expecting an interim visit to be conducted. It remains unclear why ACPUMS' written policies cannot clearly indicate ACPUMS' requirements regarding substantive change notifications. The NCFMEA may wish to pursue this matter further.

Documentation:

ACPUMS Report Final 2009

Annex 3 – Law on Higher Education

August 20, 2009 – ACPUMS response to the draft staff report

5. Conflicts of Interest, Inconsistent Application of Standards

The accreditation/approval process must include effective controls against conflicts of interest by those involved in the accreditation evaluation and decision process and controls against the inconsistent application of the accreditation/approval standards.

The submission noted that ACPUMS introduced a few measures regarding conflict of interest by its members since those matters are not otherwise regulated by law. ACPUMS' measures include giving one vote per school regardless of how many representatives they may have on ACPUMS; the members of ACPUMS cannot participate in the discussions and voting when their school is being considered; and the ACPUMS Chair cannot vote when his school is under consideration.

Regarding the consistent application of standards, the submission notes that just one set of standards and just one self-evaluation questionnaire are applied to all schools. Furthermore, all schools are aware of these uniform requirements and that they cannot be changed or adapted for individual schools. Finally, the submission noted that in all its years of operation, no complaint has been made about the ACPUMS actions and decision-making.

Documentation:

ACPUMS Report Final 2009

6. Accrediting/Approval Decisions

While there may be diverse institutional missions and educational objectives, this should not result in the accreditation of a substandard program of medical education leading to the M.D. degree. Decisions must be based on compliance with the accreditation standards and based, in part, on an evaluation of the performance of students after graduation from the medical school.

The submission previously noted that the ACPUMS standards and processes are applied without bias to all schools equally, and that the process is overseen by the rectors themselves.

The performance of students after graduation is measured by the National Medical Exam (which as of fall 2008 is also offered in English). After the exam, the physician is granted a license to practice medicine. Furthermore, the results on the exam determine which residency the student may choose, since residencies in some specialties are much more difficult to obtain than others. The submission noted that the results on the national exam are available to compare schools (cf. Annex 12), and that benchmarking of the schools is beginning to take place in conferences on quality in higher education.

The Department staff's draft report noted that "ACPUMS does not currently place much weight on the exam results during the accreditation process, even though the exam results are presented with the evaluation of each school." Furthermore, "it is

unclear why ACPUMS does not give much significance to the national test results when it is evaluating a school for accreditation.”

In its August 20 response to the draft report, ACPUMS indicated that it had already decided to consider the results of the National Medical Exam as an indicator of the quality of teaching at medical schools, and that it was incorporated into the accreditation procedure performed during on-site visits.

Documentation:

ACPUMS Report Final 2009

Annex 12 – Results of the National Medical/Dental Exam: Spring 2009

August 20, 2009 – ACPUMS response to the draft staff report

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